

## **Site Accreditation Report – Southeastern Behavioral Health**

**Completed: December 5-7, 2017**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Outpatient Services**

**Mental Health Services**

**Outpatient Services**

**Child and Youth or Family Services (CYF)**

**Comprehensive Assistance with Recovery and Empowerment Services (CARE)**

**Individualized Mobile Programs of Assertive Community Treatment (IMPACT)**

**Review Process:** Southeastern Behavioral Health was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information is derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 98.5%**

**Combined Client Chart Review Score: 93.9%**

**Cumulative Score: 94.2%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:** The agency provides a wide variety of services. Clients interviewed produced positive feedback and found Southeastern to be a supportive environment. The agency invests in their employees and provides necessary trainings to advance their knowledge. During staff interviews they reported being able to be open with administration and were given multiple opportunities for trainings which is a positive for the agency. The agency has many long term employees. The agency embraces the team approach and values employees' opinions.

#### **Recommendations:**

1. The agency's policies and procedures manual should be reviewed and updated to ensure references to the Division of Behavioral Health. There are areas which continue to reference the old wording of the Division of Alcohol and Drug Abuse, the Division of Mental Health, and DSM-III-R.

### **Plan of Correction:**

1. In review of the agency's policies and procedures, the agency has a policy and procedures for changes within the agency, however according to 67:61:02:20 and 67:62:02:18, an accredited agency shall notify the division director before a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation. Ensure the policy and procedure manual is updated to reflect this policy.

### **CLIENT CHART REVIEW SUMMARY**

**Strengths:** The integrated assessments are organized and concise. The Electronic Health Record was easy to follow. Strengths were listed about the client throughout the assessments. The clients interviewed shared positive feedback regarding the services provided by the agency. The agency embraces the use of non-billable or no show notes which helps tell the story of the client in their charts. Staff members show passion in the work they do with their clients and the agency as a whole.

### **Recommendations:**

1. According to ARSD 67:62:08:08, treatment plans shall be reviewed in at least a six month interval and updated as needed. In review of the mental health outpatient and CARE charts the following were missing in one or more of the charts:
  - Treatment plan is reviewed at a minimum of six month intervals;
  - Treatment plan review contains a written review of any progress made or significant changes to goals or objectives;
  - Justification for continued need for mental health services is documented;

Goals and objectives need to be individualized for each client. Each treatment plan contains readiness to changes, but should be individualized as to why the client is in a particular stage of change.

### **Plan of Correction:**

1. In review of the client's integrated assessments for substance use and mental health, at least one or more assessments were missing the following requirements in ARSD 67:61:07:05 and 67:62:08:05:
  - Relevant family history, including family relationship dynamics and family psychiatric history;
  - Family and relationship issues along with social needs;
  - Past or current indications of trauma, domestic violence, or both if applicable;
  - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
  - Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;
  - Assessment completed within 30 days of intake.

The agency should ensure all required elements are addressed in the assessments for both substance use and mental health, even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed.

2. In review of IMPACT charts, the charts were missing progress notes indicating a minimum of 16 contacts per month with IMPACT team members according to ARSD 67:62:13:02.
3. In review of the CYF, Mental Health Outpatient, and CARE charts, at least one or more treatment plans were missing the following requirements according to ARSD 67:62:08:07:
  - Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment;
  - Mental health staff signature, credentials, and date are documented;
  - Clinical supervisor's signature, credentials, and date are documented if the mental health staff does not meet the criteria of a clinical supervisor;
  - The plan is completed within 30 days of intake.